



Hillsborough Auxiliary to Peninsula Family Service

CHECK REQUEST/EXPENSE REIMBURSEMENT FORM 2020-2021

Name, Address, Phone fields with lines for input

Submit to: maybyoung@comcast.net

Expense Itemization:

Table with 3 columns: Date, Item, \$ Amount. Includes a Total Requested row at the bottom.

Prior to incurring expenses, be sure to clear in advance with Committee Chair, Treasurer, or President.

Please submit any reimbursement request within one month if possible.

Include a copy of all invoices and receipts.

All expenses must be submitted by June 1, 2021.

QUESTIONS? Contact Maybelene Young at (650) 619-4237 or maybyoung@comcast.net

I declare that this statement is true to the best of my knowledge.

Signature and Date lines for the requester

Signature and Date lines for Committee Chair or President

Check Number and Date Paid lines